

UNIFORM HAZARDOUS WASTE MANIFEST

Please print or type with ELITE type (12 characters per inch).

STATE ID NUMBER 83079263

GENERATOR NAME AND MAILING ADDRESS

Canon Business Machines
3191 Redhill AVE.
Costa Mesa, CA 92626 (714) 556-4700
AREA CODE/PHONE NUMBER

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER

CA 0079140068 00017

TRANSPORTER NO. 1

Omega Chemicals Corp.
12504 E. Whittier Blvd.
Whittier, CA 90602 (213) 698-0991

VEH./CONTAINER NO.

EPA ID NUMBER

1142507C A D 0 4 2 2 4 5 0 0 1

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO.

EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

Omega Chemicals Corp.
12504 E. Whittier Blvd.
Whittier, CA 90602 (213) 698-0991
AREA CODE/PHONE NUMBER

EPA ID NUMBER

C A I D 10 14 12 12 14 15 10 10 11

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS

UN/NA
NUMBER

TOTAL
QUANTITY

UNIT
WT/VOL

CONTAINER
NO. TYPE

WASTE
CAT NO.

DISP.
METH.

Methylene Chloride - ORM-A

UN 1593

500

G

110

D F

2 1 1

0 1

COMPONENTS

CONC. RANGE
UPPER LOWER

UNITS
% PPM

1.1 Methylene Chloride ph 18

99.0

95

%

SPECIAL HANDLING INSTRUCTIONS

filled 440 gals. waste 110 gals.
wear goggles and respirators

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.

Printed or typed full name and signature

George Hoffmann

9. Hoffmann

MO.

DAY

YR.

09

13

83

☐ Check if continuation sheet is used. Number of continuation sheets

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Henry Solomon

Printed or typed full name and signature

Henry Solomon

DATE
REC'D
&
ACCEPTED

MO.

DAY

YR.

9

13

83

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature

DATE
REC'D
&
ACCEPTED

MO.

DAY

YR.

DISCREPANCY INDICATION SPACE

Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number. See instructions.

EPA ID NUMBER

DATE RECEIVED & ACCEPTED

MO.

DAY

YR.

STEVE SIMPSON
Printed or typed full name and signature

CA D 0 4 2 2 4 5 0 0 1

10

10

83